

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

APPLICANT(S)

FILING DATE

	CLAIMS											
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT							
	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1								51			
2		1							52			
3		2							53			
4		2							54			
5		2							55			
6		2							56			
7		1							57			
8									58			
9									59			
10									60			
11									61			
12		1							62			
13		1							63			
14									64			
15									65			
16									66			
17									67			
18									68			
19									69			
20									70			
21									71			
22		1							72			
23									73			
24									74			
25									75			
26									76			
27									77			
28									78			
29									79			
30									80			
31									81			
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36									86			
37									87			
38									88			
39									89			
40									90			
41									91			
42									92			
43									93			
44									94			
45									95			
46									96			
47									97			
48									98			
49									99			
50									100			
TOTAL IND.	1								TOTAL IND.			
TOTAL DEP.	25	→	→	→					TOTAL DEP.	→	→	→
TOTAL CLAIMS	26	██████████	██████████	██████████					TOTAL CLAIMS	██████████	██████████	██████████